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ABSTRACT

One of six projects funded by P.L. 93-247 state grant money, the Impact of Protective Services Project was designed by staff members in Region 10 of the Texas Department of Human Resources. The project developed an automated system that complements two existing computer-based management systems, which are used to assist staff in case management and program administration. The final report, a process evaluation, discusses the methodology used to establish, refine, and integrate the new Impact of Protective Services System (IPSS) with the existing Protective Service Management Information System and the Contract Management Information System. Once developed, the system was expanded to include information on client outcomes for protective day care, emergency shelters, group homes, and counseling. This report describes how client assessment data were generated. To show how the assessment instruments are used, the report also describes the interaction between caseworkers and service providers who assessed each client's need for purchased services. Copies of the assessment instruments used to track client progress are appended. Because the system was only recently entirely implemented, no client outcome data are available in this report. (RH)

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Final Report: Innovations in Protective Services

P.L. 93-247 Grant Award #06C23/08

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Impact of Protective Services

September 30, 1984

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Office of Programs
Texas Department of Human Resources

PS 014742

IMPACT OF PROTECTIVE SERVICES

Final Report

September 1, 1982, through August 31, 1984

September 30, 1984

Submitted by

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The Texas Department of Human Resources (DHR) would like to acknowledge the contributions of those who participated in the development of the Impact of Protective Services Project. Sandy Pollack Massey managed day-to-day operations. Several consultants contributed to the project. Kathleen Belanger designed the SPSS program and trained selected staff in its use. Emily Vargas Adams, Ph.D., designed the day care assessment instrument. Glen Kazak developed the counseling services assessment instrument. Jerry Lackey, Ph.D., served as statistical consultant and John Cox as programmer.

Regional DHR personnel who contributed to the success of the project were Betty Crenshaw, who served as data collection specialist; Linda Mock, program director for evaluations; Margaret Maxwell, regional director for Services to Families and Children, who supported the project manager; and members of the Regional Management Information System Committee, who assisted the project manager in implementing all the procedures necessary to make the project work.

At headquarters in Austin, Michael Lankford served as program liaison for the Protective Services for Families and Children Branch. From the Office of Research, Demonstration, and Evaluation (ORDE)--headed by Assistant Commissioner Suzette Ashworth, Ph.D.--efforts were contributed by several members of ORDE's Research and Demonstration Division, which is administered by Kent Gummerman, Ph.D. Brenda Hardesty wrote the grant application. Lucretia Dennis-Small, project specialist, monitored project progress and wrote the required federal reports. Nicholas Constant and Phyllis Jamar edited and produced the documents.

GENERAL INTRODUCTION

Six projects, funded by P.L. 93-247 state grant money and jointly entitled Innovations in Protective Services, tested ideas for improving protective services for children. Overall goals established for the six projects were to--

- o strengthen permanent planning,
- o maximize the use of volunteers,
- o strengthen intake and investigation,
- o strengthen in-home service delivery, and
- o expand the usefulness of information systems.

Additional goals and objectives were developed for each project.

The six projects are Project to Study Fair-Hearings Practices in Child Protective Services; Impact of Protective Services; Coordinated Approach to Investigations and Information-Sharing; Group Services for Child Protective Clients; Foster Child Advocate Services; and Multi-disciplinary Institute for Child Sexual Abuse Intervention and Treatment Project.

Copies can be obtained by writing to--

Project Support and Utilization Section
Office of Research, Demonstration, and Evaluation
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EXECUTIVE SUMMARY

The Impact of Protective Services Project was designed by staff members in Region 10 of the Texas Department of Human Resources (DHR). The project developed an automated system that complements two existing computer-based management systems, which are used to assist staff in case management and program administration.

This final report, a process evaluation, describes the methodology used to establish, refine, and integrate the new Impact of Protective Services System (IPSS) with the existing Protective Service Management Information System (PSMIS) and the Contract Management Information System (CMIS).

Once developed, the system was expanded to include information on client outcomes for protective day care, emergency shelters, group homes, and counseling. This report describes how client assessment data were generated. To show how the assessment instruments are used, the report also describes the interaction between caseworkers and service providers who assessed each client's need for purchased services.

For the reader's information, copies of the assessment instruments used to track client progress are included as appendixes to the document. Because the system was only recently brought up in its entirety, no client outcome data are available in this report.

OVERVIEW

Before the Impact of Protective Services Project started, staff members in Region 10 of the Texas Department of Human Resources (DHR) had developed and put into operation two computer-based management systems to assist in case management, supervision, and program administration. The Impact of Protective Services System (IPSS) complements these established systems--the Protective Service Management Information System (PSMIS) and the Contract Management Information System (CMIS).

Under the direction of the regional director for Services to Families and Children, IPSS was designed to address the following questions about child protective services:

- o Which purchased services affect clients?
- o How much progress is made by clients using this service?
- o In what time frame do clients make progress?
- o How cost-effective are purchased services?

IPSS collected data (before, during, and after intervention) from child protective services (CPS) caseworkers and contract providers. These data from client assessments and from client satisfaction questionnaires were processed through custom-designed software to produce the client impact information needed by DHR staff to answer the questions stated above.

The new system will measure the impact of purchased services on individual clients and groups of clients. At present the system provides information to CPS staff and contract providers on progress of individual clients in homemaking, parenting, group home, and counseling services. By fiscal year 1985 it will also provide information to CPS staff and day care providers on the progress of children in protective day care.

Presently, the data provided by IPSS show progress or lack of progress of clients, identify the most frequent and severe problems, and furnish client opinions about the services they receive.

After an integrated data base is established for all three systems (PSMIS, CMIS, and IPSS), the integrated system will provide a composite picture to various levels of case management staff about the overall effectiveness of individual services and contracts. Information from the system can point to modifications needed to improve provider performance and effect client change.

This final report describes how IPSS was planned, designed, and implemented for the four available services (homemaker/parenting, group home, counseling, and protective day care). IPSS uses the Statistical Package for the Social Sciences (SPSS) to analyze and interpret the data collected. As more data are collected on clients receiving each of the purchased services, more valid conclusions can be made about the impact of purchased protective services on clients.

PROJECT OPERATIONS

START-UP

The project manager regularly met or talked on the telephone with all levels of CPS staff, contract management staff, contract provider staff, and other DHR regional staff to introduce the concept and perceived benefits of impact evaluation. The same groups were asked what specific information they needed to assess the usefulness of the service they offered clients and what potential barriers to implementation and data collection they anticipated.

At the beginning, the project staff expected reluctance by two groups (caseworkers and contract providers) to accurately complete detailed assessment instruments. Caseworkers had heavy case loads, and contract providers might feel threatened by this new type of evaluation. However, both caseworkers and providers have cooperated fully and were often enthusiastic about the project. This cooperation made the design and implementation of the system feasible. These system users offered reality testing for assessments and procedures and expressed new ideas that affected the design of input and output reports and data gathering procedures.

Throughout the project, the Management Information System (MIS) Regional Committee transmitted information about the project's progress and setbacks. This standing committee consisted of representatives of all levels of the DHR staff in Region 10.

DESIGN OF ASSESSMENT INSTRUMENTS

Early in the project, staff members decided that the only way to accurately measure the impact of contracted services on clients was to develop assessment instruments that could reflect a client's situation at referral, at interim points, and at termination of a service. The decision was made that a minimum of two assessments (one initial, the

other final) would be completed by DHR and/or provider staff. Also data would be gathered for each service by using a postquestionnaire regarding client satisfaction, which would be completed by the client.

To design adequate assessment instruments two approaches were taken: (1) when research turned up existing instruments, they were assessed for appropriateness "as is" or in some modified form; or (2) when no appropriate instruments existed, experts were consulted to develop them. In two services (homemaker/parenting and group home) existing assessment instruments were modified by the project manager and the MIS committee. Consultants were hired to develop new assessment instruments for counseling and day care services.

For each service, at least one pretest of the assessment instrument was done. A sample of users were asked to fill out the assessment instruments using a client with whom they were familiar and who was a current recipient or an appropriate referral to the service being assessed.

In some cases, these pretests were conducted at a meeting in which the group discussed a particular instrument's problems, positive aspects, and procedures for completion and routing to the data entry specialist. If extensive modification was necessary, an additional pretest was conducted. When a consultant was used in the development and design of an instrument for a particular service, the project manager, the overall design consultant, and the program director for evaluation worked closely with the consultant to ensure that any modifications reflected the input gathered from the pretest.

As each instrument was completed, it was distributed for implementation. A specific date was set to begin the use of the new instrument. In all services except the group home, only those clients referred on or after the specified date were to be assessed using the new instrument. It was believed that this procedure ensured a "true" pretest of the client's needs. In the case of the group home, there were only nine residents involved after the instrument was put in use. Since some of these residents had lived at the group home for several years, all were assessed because it was possible to statistically differentiate them from new residents through SPSS procedures.

PROGRAMMING

The project leased computer time from Stephen F. Austin State University. The Honeywell CP-6 computer was used, and IPSS (like PSMIS and CMIS) will be converted to a data-based computer in the near future. The programmer consultant designed and completed the programming of input and output documents, set up SPSS files, and com-

pleted an interactive data base processor dictionary. The project manager and the design consultant developed first drafts of output reports on all services except day care. These drafts were circulated among CPS staff, the MIS committee, and contract providers for their review and suggestions.

As data were received by the data entry specialist, they were immediately entered so that output reports were generated for quick turnaround to users. The reports were modified according to feedback from users. The group home assessment instruments were designed with similar formats (see Appendix A). Because of its complexity and comprehensiveness, the day care assessment instrument (Appendix B) was the last to be developed.

DATA COLLECTION AND MONITORING

To remind providers about due dates for client assessments, the project manager and the data entry specialist set up "tickler file" programs. The data entry specialist monitored the receipt of data and notified providers or caseworkers by form letter when an assessment was overdue. Also, the specialist returned to senders assessments that had errors or skipped items. (This procedure minimized "missing" data elements). As each new assessment instrument was put in place, it was monitored closely to ensure that providers and caseworkers understood procedures. Although training in new procedures was given by supervisors and contract directors, the return of incorrect assessments to senders proved to be the most effective method of eliminating errors. Also, the data entry specialist made periodic phone calls to providers to learn whether they had problems regarding content or procedures for accurately completing the assessment instruments.

SPSS ANALYSES AND REPORTS

When each assessment instrument was programmed for storage of variables and their values, an SPSS file was written. This file contained data from the assessments and other pertinent data from PSMIS (e.g., client ethnic background, date of birth, number of children, assigned case priority, county, and so on). When a regional staff member wanted an analysis of the data collected on a particular service, the project manager wrote and executed an SPSS program to access data necessary to answer questions about progress of that client group. The project manager and statistical consultant made sure the appropriate statistics were applied in each SPSS program. The

project manager wrote a report interpreting the data and submitted it to the staff person who had requested the analysis. Two such reports were written for the evaluation unit.

Now, IPSS generates output reports that track individual client progress. It also identifies common problems among clients and compares their rate of improvement. In the future, statistical analysis capabilities will be expanded to allow correlations between factors and change (e.g., is client age correlated with progress in certain areas?). Presently, the absence of data has kept the system from applying a wider variety of statistical analyses.

IMPLEMENTATION BY SERVICE

The following subsections describe some details of how the new information system was put into effect in four service areas: homemaker/parenting, group home, counseling, and protective day care.

Homemaker/Parenting Services

When the project manager was hired in December 1982, she researched possible existing assessment instruments and discovered previously developed drafts of parenting and homemaker instruments. After a pretest these drafts were modified, and the instruments were put into use in January 1983. During the project's first year, much was learned about the practicality of the instruments and the procedures:

- o The original assessment form was too long.
- o The data captured were too general.
- o The procedure of having caseworkers and provider staff fill out the instruments separately was unnecessary and unwieldy. Some preliminary analyses showed that workers and providers tended to assess clients similarly; however, providers tended to assess clients' problems as somewhat more severe than workers did.

On October 15, 1983, revised assessment instruments were implemented after repeated pretests, modifications, and pilots (Appendix C). They are shorter, collect specific data, and are filled out jointly by the caseworker and the homemaker or parent aide at initia-

tion and at termination of services. Interim assessments (every three months) are completed by the homemaker/parent aide only. When the decision was made to implement the final revision of the instruments, the design and programming of output reports was delayed to allow inclusion of new data elements.

The client satisfaction questionnaire developed was not changed. The procedure for administering the client satisfaction questionnaire is to contact the client as soon as possible after service termination. Most of the time the questionnaire is mailed to the client; in some cases the project manager contacts the client in person or by phone. Only about 25 percent of clients have responded to the questionnaire. An overwhelming number of the respondents expressed positive opinions about the services received.

During the past two years the introduction of assessment instruments for homemaker and parenting services had some interesting effects:

- o The joint completion of the assessment instrument has enhanced communication in many cases between caseworker and contract worker.
- o One of the providers uses the assessment form with the client as a mutually agreed service plan.
- o The output reports are frequently used in service plan development.
- o Caseworkers have used the output reports to help them decide whether to seek further court action.
- o The output report acts as a summary of progress for new caseworkers when a case is transferred.

An analysis was performed on data for homemaker and parenting services from October 15, 1983, through May 31, 1984. It found that clients' problems did not change enough to warrant data collection every three months. Beginning September 1, 1984, interim assessments will be done every six months.

Group Home Services

In the case of the group home, research revealed the existence of validated assessment instruments. After the usual procedure of

pretesting instruments by users, it was decided to assess residents of the group home by the following procedures:

1. Initial, interim (every three months), and final assessments, using the Devereaux Adolescent Behavior Scale (DABS), are completed by the group home staff member most familiar with the resident's behavior.
2. An additional five items developed through recommendations of DHR and provider staff are completed with the DABS.
3. Every six months each resident completes four scales of Hudson's Clinical Measurement Package. These scales measure depression, self-esteem, biological family relations, and peer relations.
4. At the same time the resident completes the Hudson scale, he or she completes questionnaires about the group home and a family planning questionnaire. DHR and group home staff members and do not have access to the resident's individual answers to the items. Residents give their completed tests directly to the project director.
5. Individual grade point averages are transmitted to the data entry specialist every six weeks.

Output reports are generated immediately after data entry and sent to the caseworker, supervisor, and the group home. The caseworker and supervisor have a blank copy of the assessment instrument so they can refer to the full wording of each data item.

The output reports have been enthusiastically received by the group home staff and most caseworkers and supervisors. They have been used in plan-of-service staffings and have been responsible for initiating a recent strong effort in family planning education by the group home staff. The only negative comment received so far came from a caseworker who thinks the group home's assessments of her client on the DABS is "too harsh". At the end of each year, evaluators will read a sample of daily logs kept by the group home staff, fill out a DABS on the residents sampled, and compare them to the DABS filled out by the group home staff.

Data from February to August 1984 were analyzed recently and submitted to DHR's regional evaluation unit for use in assessing progress made by residents of the home.

Counseling Services

Consultant Glen Razak, M.P.H., a researcher in clinical psychology, developed the assessment scales used for counseling services (Appendix D). He thoroughly researched existing scales and developed new scales to meet the special requirements of assessing protective service clients. Mr. Razak carefully considered recommendations from DHR staff members and from therapists and modified the forms after several pretests.

Caseworkers use the counseling assessment instrument to assess clients, and a copy of this assessment is sent to the therapist as part of the referral. The instrument conveys to the therapist the caseworker's impressions of the client's problems. The therapist completes an initial assessment after one or two sessions. An output report is generated to caseworker and therapist after both initial counseling assessments have been received. This report indicates how close or far apart the caseworker and therapist are in their evaluation of the client. The therapist completes an assessment every six months, and at termination of services the therapist and caseworker again complete separate final assessments. Because caseworkers frequently complained that therapists' evaluation of clients were often very different from their own, the project staff decided to explore this disparity through separate data collection and through output reports that reflect areas assessed similarly and dissimilarly.

The client satisfaction questionnaire will be administered over the phone by the regional evaluation unit as soon after termination of services as possible.

These instruments were put into use August 1, 1984; sufficient data for analysis have not been collected.

Protective Day Care Services

Designing the day care component of IPSS proved to be the most ambitious and involved aspect of the project. Emily Vargas Adams, Ph.D., an internationally renowned expert in the fields of child development and early childhood education, was hired to design the assessment instrument and its accompanying manual. She also conducted a pretest of the instrument in a one-day experiential workshop for day care staff members in Region 10. The day care assessment instrument focuses on the whole child. It is a checklist designed to capture information about nutrition, general health, parent involvement, and developmental delays. The sections that deal with child development are designed so that the day care staff will know specific areas in

which a child is ahead or behind. The day care staff can quickly see in what areas a child needs help and thereby help prevent irreparable harm from developmental delays.

After seeing the first drafts of the day care instrument, the protective service staff became very interested in its potential uses by caseworkers, foster parents, and parent aides for all children five and under who receive protective services. Program staff members are planning future training for these groups in use of the instrument.

Programming of data to be collected from the day care assessment instrument is under way.

CONCLUSIONS

The Impact of Protective Services Project was funded to develop a computer-based system for providing staff in Region 10 information on the effect of purchased protective services on clients. The Impact of Protective Services System (IPSS) is currently collecting data on homemaker/parenting services, group home services, and counseling services. On September 1, 1984, the system began collecting data on protective day care services. The system will provide reports for tracking individual client progress, and the reports will be disseminated to caseworkers, supervisors, and providers. Preliminary statistical analyses have been performed from data collected on homemaker/parenting and group home services. These analyses have been instrumental in service modifications in provider contracts. As impact data become available, Region 10 anticipates using them in a variety of ways. It is anticipated that the data will result in effective contracts that provide maximum benefit to the clients DHR serves. Also, it is anticipated that these data will allow DHR to measure the cost-effectiveness of purchased services.

APPENDIX A

Group Home Assessment Instruments

Procedure and Instructions for Group Home Assessment Forms

Purpose:

To capture problem behavior areas a group home resident may experience at entry to the group home, at three month intervals and at exit from the group home, in order to a) aid DHR and group home staff in case planning for the child and b) evaluate impact of group home services on the children served.

Procedure:

Browngate staff most familiar with a child will assess him/her every three months using the Devereaux Adolescent Behavior Scale and attachment. The initial assessment will be done two weeks after entry into the group home and subsequent assessments will take into account the behaviors two weeks prior to each assessment. The final assessment will be completed immediately after a child exits the group home (no more than one week after exit). Children already residing at Browngate as of January 11, 1984 will be assessed also, taking into account their behaviors two weeks previous to the assessment. The assessment forms will be sent to Contract Services, P. O. Box 767, Nacogdoches, TX 75963-0767.

Every six months a DHR staff member designated by the Evaluation Unit will have group home residents fill out a packet of self-assessment and client opinion forms. These forms will be collected directly from the residents by designated DHR staff members, in order to maintain their confidentiality. The specific forms will remain confidential although general feedback regarding the resident will be made available to caseworker and group home staff, in an effort to aid them in their creation of service plans for the child.

Questions involving group home assessment information and procedures should be addressed to Sandy Pollock, Project Director, Impact of Protective Services Project, P. O. Box 767, Nacogdoches, TX 75963-0767, or phone 569-7931.

BEST COPY AVAILABLE

DEVEREUX ADOLESCENT BEHAVIOR (DAB) RATING SCALE*

George Spivack, Ph.D.

Jules Spotts, Ph.D.

Peter E. Haimes, Ph.D.

Devereux Foundation Institute for Research and Training

Youngster's Name _____ Rater's Name _____

Youngster's Sex _____ Rater's Relationship to Child _____

Youngster's Birthdate _____ Date of Rating _____

RATING GUIDE

- | | |
|---|---|
| 1. Base rating on youngster's <u>recent and current</u> behavior. | Consider only the behavior of the youngster over the past two (2) weeks. |
| 2. Compare the youngster with normal adolescents his age. | In most of the items, the standard for comparison should be the normal adolescent of the same age and sex. |
| 3. Base rating on your own experience with the youngster. | Consider only your own impressions. As much as possible, ignore what others have said about the youngster, and their impressions. |
| 4. Consider each question <u>independently</u> . | Make no effort to describe a consistent behavioral picture or personality. It is known that adolescents may display seemingly contradictory behavior. |
| 5. Avoid interpretations of "unconscious" motives and feelings. | As much as possible, base ratings on outward behavior you actually observe. Do not try to interpret what might be going on in the youngster's mind. |
| 6. Use <u>extreme</u> ratings whenever <u>warranted</u> . | Avoid tending to rate near the middle of all scales. Make use of the full range offered by the scales. |
| 7. Rate each item <u>quickly</u> . | If you are unable to reach a decision, go on to the next item and come back later to those you skipped. |
| 8. Rate <u>every</u> question. | Attempt to rate each item. If you have had no opportunity to observe the youngster in certain situations necessary for the rating (e.g., "sexual relations", etc.), circle the item number. |

Never
1

- | Rating | Item |
|--------|------|
|--------|------|

Very frequently
5

Often
4

Occasionally
3

Rarely
2

Never
1

Rating Item

☐

25. Speak in a way that is disconnected, incoherent or not sensible (i. e., disregard speech handicaps and focus on the quality of the thought expressed)?

☐

26. Express anger?

☐

27. Exhibit interest in sex, through action or what he says?

☐

28. Brag or act boastfully?

☐

29. Walk around oblivious to what is going on around him (e. g., seem wrapped up in his own thoughts)?

☐

30. Express the belief that others influence or control his thoughts (even though this isn't true)?

☐

31. Appear overactive and constantly moving about?

☐

32. Express grandiose ideas about himself which are extremely strange (e. g., that he has unusual or fantastic power over others, or things, that he is an extremely important person, etc.)?

☐

33. Seem elated or high in mood?

☐

34. Use his name rather than the word "I" when referring to himself in conversation (e. g., John went upstairs to get his coat)?

Rating Item

☐

35. Substitute, confuse or misuse pronouns in conversation (e. g., use the pronoun "he" when referring to himself, confuse the pronouns "you" and "I", etc.)?

☐

36. Tease or bully other youngsters? (Excluding brothers and sisters.)

☐

37. Report hearing voices or other hallucinations?

☐

38. Resent being told what to do?

☐

39. Seek out adult approval and praise for what he has done?

☐

40. Do what he wants to even when told he shouldn't (act defiant)?

☐

41. Take things that do not belong to him (steal)?

☐

42. Tell you things from his imagination as though they were really true?

☐

43. Talk rapidly or hurriedly?

☐

44. React with immediate anger or upset if he has difficulty mastering or learning something?

☐

45. Make up his own words or use common words in such a peculiar way that it is difficult to understand what he means?

20

Very frequently 5 Often 4 Occasionally 3 Rarely 2 Never 1

Rating Item

☐ 46. Act before he thinks (i.e., is impulsive)?

☐ 47. Do everything with boundless energy?

☐ 48. Get very upset or overemotional if things don't go his way?

☐ 49. Express depressed or despairing thoughts (e.g., express lack of hope, feelings of discouragement, that he expects the worst, no sense trying, etc.)?

☐ 50. Seek out adult help in doing things?

☐ 51. Insist on doing things his way?

☐ 52. Shut out sounds by lifting his shoulders to cover his ears, or putting his fingers in his ears?

Rating Item

☐ 53. Have a blank stare or far away look in his eyes?

☐ 54. Express the belief that people are against him (e.g., say that others pick on him, do not like him, talk about him behind his back, etc.)?

☐ 55. Express the belief that certain people are plotting or conspiring against him (e.g., secret police, criminals, international spies, etc.)?

☐ 56. Say that his body is diseased, distorted, or that his internal organs are rotted or missing?

☐ 57. Say that certain external forces (e.g., machines, electronic devices) are influencing or controlling his behavior and thinking?

FOR ITEMS 58-64, USE THE RATING SCALE BELOW:

Extremely 8 Markedly 7 Distinctly 6 Quite a bit 5 Moderately 4 A little 3 Very slightly 2 Not at all 1

TO WHAT DEGREE IS THE YOUNGSTER...

Rating Item

☐ 58. Afraid of getting hurt in physical activities (e.g., climbing, roughhousing, sports, etc.)?

☐ 59. Preoccupied with compulsive acts he recognizes as unreasonable, but cannot stop himself from doing (e.g., touching, counting, certain acts or routines, etc.)?

Rating Item

☐ 60. Obsessed or preoccupied with ideas he worries or talks a lot about?

☐ 61. Impatient and unable to wait for things?

☐ 62. Unemotional - rarely shows feelings?

Extremely	Markedly	Distinctly	Quite a bit	Moderately	A little	Very slightly	Not at all
8	7	6	5	4	3	2	1

Rating	Item	Rating	Item
☐	63. Prone to avoid competition with peers?	☐	74. Prone to tire quickly or have low endurance?
☐	64. Withdrawn from others his age (i.e., avoids social contacts, remains alone or isolated)?	☐	75. Prone to keep his distance or reserve with adults?
☐	65. Anxious or overconcerned about the future?	☐	76. Unpredictable in his behavior?
☐	66. Boycrazy (for girls) or girlcrazy (for boys)?	☐	77. Preoccupied with cosmetics (e.g., eye shadow, rouge; after shave lotion, hair tonic, etc.)?
☐	67. Unaware of how adults feel toward him?	☐	78. Unable to concentrate (e.g., jumps from one thing to another while talking or doing things, easily distracted in what he is doing by what others are doing around him, etc.)?
☐	68. Lacking in muscle tone (e.g., when you feel his muscles they seem soft and doughy)?	☐	79. A fringe participant in peer social activities?
☐	69. Changeable or variable in mood or emotional state?	☐	80. Timid or shy (i.e., will not "venture" out to try something new)?
☐	70. Physically weak?	☐	81. Prone to hit or physically threaten peers?
☐	71. Sneaky or underhanded in much of what he does?	☐	82. Talkative?
☐	72. Bossed or dominated by peers?	☐	83. Easily overexcited?
☐	73. Poorly coordinated physically (e.g., clumsy or awkward in gross body movements, or in doing things with hands or fingers, etc.)?	☐	84. One whose contacts with peers of the opposite sex must be supervised?

ADDED COMMENTS

Use space below to record any additional descriptions of this child's behavior which you think are striking or characteristic, or may not be sufficiently covered by the scales.

DEVEREUX ADOLESCENT BEHAVIOR (DAB) RATING SCALE¹

(DAB Profile)

George Spivack, Ph.D., Jules Spotts, Ph.D., Peter E. Haimes, Ph.D.

Behavior Factors	Factor Item Raw Scores		Sum Raw Sc.	RAW SCORES IN STANDARD SCORE UNITS			
				-1SD	0	+1SD	+2SD
1. Unethical	lies	4 — 41 — steals		UNETH			
	cheat	10 — 71 — sneaky		SNEAKY			
2. Defiant	neg.	18 — 40 — defy		DEFIANT			
Resistive	resent	38 — 51 — insist		RESIST			
3. Domineer	boss	21 — 36 — tease		DOMINEER			
Sadistic	brag	28 — 81 — phys. egg.		SADISTIC			
4. Hetero Sexual Interest	social	2 — 66 — "crazy"		SEXUAL			
	clothes	5 — 7 — cosmic		INTEREST			
	interest	27 — 84 — need superv.		INTEREST			
5. Hyper-Activity	loud	23 — 43 — talk fast		HYPERACT			
Expansive	hyper.	31 — 47 — energ'y		EXPANS			
	elated	33 — 82 — rky.		EXPANS			
6. Poor Emotional Control	new upset	17 — 44 — im'd. mad		EMOT			
	no contr.	22 — 48 — upset		CONTROL			
	eff. mad	26 —		CONTROL			
7. Needs Approval Dependency	needs atm.	6 — 39 — needs apprvl.		N APPRVL			
	cling	20 — 50 — help		DEPEND			
8. Emotional Distance	face	3 — 67 — unaware		EMOT			
	unaware	62 — 75 — adults		DISTANCE			
9. Physical Inferiority	fears hurt	58 — 74 — tires		PHYS INFER			
Timidity	tame	68 — 80 — timid		TIMID			
	weak	70 —		TIMID			
10. Schizoid Withdrawal	day dnm.	12 — 29 — obliv's.		SCHIZOID			
	confus.	16 — 53 — store		WITHDRAW			
11. Bizarre Speech and Cognition	stereo.	11 — 35 — pronoun.		BIZARRE			
	echol.	13 — 37 — halluc.		SPEECH			
	incoh.	25 — 45 — neglog.		COGNITION			
	l-name	34 —		COGNITION			
12. Bizarre Action	vocal	9 — 24 — rock		BIZARRE			
	inadib.	14 — 52 — no. hear		ACTION			
	movmt.	19 —		ACTION			
Rational Clusters	Cluster Item Raw Scores						
1. Inability to Delay	neg	7 — 69 — mood		UNABLE			
	impuls.	46 — 76 — unpred.		DELAY			
	impat.	61 — 83 — excit.		DELAY			
2. Paranoid Thinking	viol.	1 — 37 — grand.		PARANOID			
	influ.	30 — 42 — imag.		THINKING			
3. Anxious Self-Blame	sin	8 — 60 — obsess		ANXIOUS			
	self blame	15 — 65 — ans. fut'r.		SELF BLAME			
	despair	49 —		SELF BLAME			

Additional Items		-1SD	0	+1SD	+2SD
(Youngster's Last Name)	54 persec				
	55 plots				
	56 body				
(First Name)	57 influ				
	59 comp. act				
	63 avd. comp				
Birth Date: _____	64 withdrawn				
	79 fringe				
	72 bossed				
Date of Rating: _____	73 coord				
	78 distract				

Age: _____ Sex: _____ IQ: _____

Rater's Name _____ A-8 Relationship to Youngster _____

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The following items will be assessed by Browngate staff every 3 months on the residents. The staff will be using the criteria listed below for their ratings.

ADDITIONAL ASSESSMENT ITEMS

RATING

1. Rate the degree with which the child takes responsibility for his/her own personal hygiene and appearance.
 - 5 Very well (No prompting, very aware of personal appearance, takes pride with grooming)
 - 4 Well (No prompting, neat, exerts effort to appear neat and clean)
 - 3 Adequately (Some but little prompting - generally well-groomed)
 - 2 Poor (Often reminded to take care of personal hygiene, little initiative)
 - 1 Very poor (Continued prompting, poor attitude, no initiative)☐
2. Rate the degree to which the child makes an effort to get a job.
 - 5 Very good effort (Independently seeks out employers, follows up on applications, presents self well to employers, arranges own transportation, good attitude)
 - 4 Good effort (Gets job but needs some outside assistance, good attitude)
 - 3 Adequate effort (Gets job but must have outside assistance)
 - 2 Poor effort (No interest in work, no enthusiasm in job hunting, poor attitude, but will go through the motions of job hunting)
 - 1 Very poor (Refusal to work)☐
3. Rate the degree to which the child budgets his/her money.
 - 5 Very well (Saves on regular basis and spends money wisely.)
 - 4 Well (Occasionally saves and spends wisely)
 - 3 Adequately (Lives within income generally with some undue spending).
 - 2 Poor (Impulsive spender, often borrows)
 - 1 Very poor (Total disregard for value of money, always in debt.)☐
4. Rate the degree to which the child handled the freedom he/she has earned.
 - 5 Very well (Shows good impulse control, can be depended upon not to abuse freedom.)
 - 4 Well (Generally controls impulses, and accepts reminders with good attitude.)
 - 3 Adequately (Is learning to control impulses and behaviors, but reminders are still necessary, generally positive attitude.)
 - 2 Poor (Little impulse control, usually gets in some kind of trouble when given freedoms, negative attitude.)
 - 1 Very poor (Needs external controls, always abuses freedom earned, negative attitude.)☐

5. Rate the degree to which the child handled his/her responsibilities at home, school, community, etc.

- 5 Very well (Courteous to others, does school work on own, meets level system without reminders, prompt, co-operative, attempts to achieve.)
- 4 Well (Needs no assistance, but must be verbally reminded of responsibilities on occasion, good attitude.)
- 3 Adequately (Needs frequent outside assistance to meet responsibilities, good attitude.)
- 2 Poor (Must have outside assistance to meet any responsibilities, negative attitude.)
- 1 Very poor (Even with constant outside assistance, does not meet responsibilities, negative attitude.)

☐

6. Please list the number of contacts the child has had with his/her biological family in the last 3 months.

Personal contacts _____

Letters _____

Phone calls _____

GENERALIZED CONTENTMENT SCALE (GCS)

Today's Date _____

NAME _____

1

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I feel powerless to do anything about my life. _____
2. I feel blue. _____
3. I am restless and can't keep still. _____
4. I have crying spells. _____
5. It is easy for me to relax. _____
6. I have a hard time getting started on things that I need to do. _____
7. I do not sleep well at night. _____
8. When things get tough, I feel there is always someone I can turn to. _____
9. I feel that the future looks bright for me. _____
10. I feel downhearted. _____
11. I feel that I am needed. _____
12. I feel that I am appreciated by others. _____
13. I enjoy being active and busy. _____
14. I feel that others would be better off without me. _____
15. I enjoy being with other people. _____
16. I feel it is easy for me to make decisions. _____
17. I feel downtrodden. _____
18. I am irritable. _____
19. I get upset easily. _____
20. It is hard for me to have a good time. _____
21. I have a full life. _____
22. I feel that people really care about me. _____
23. I have a great deal of fun. _____
24. I feel great in the morning. _____
25. I feel that my situation is hopeless. _____

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30-8276-01

ISBN 0-870-84335-8

INDEX OF SELF-ESTEEM (ISE)

Today's Date _____

NAME _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well.
2. I feel that others get along much better than I do.
3. I feel that I am a beautiful person.
4. When I am with other people I feel they are glad I am with them.
5. I feel that people really like to talk with me.
6. I feel that I am a very competent person.
7. I think I make a good impression on others.
8. I feel that I need more self-confidence.
9. When I am with strangers I am very nervous.
10. I think that I am a dull person.
11. I feel ugly.
12. I feel that others have more fun than I do.
13. I feel that I bore people.
14. I think my friends find me interesting.
15. I think I have a good sense of humor.
16. I feel very self-conscious when I am with strangers.
17. I feel that if I could be more like other people I would have it made.
18. I feel that people have a good time when they are with me.
19. I feel like a wallflower when I go out.
20. I feel I get pushed around more than others.
21. I think I am a rather nice person.
22. I feel that people really like me very much.
23. I feel that I am a likeable person.
24. I am afraid I will appear foolish to others.
25. My friends think very highly of me.

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3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, 25

30-8276-01

ISBN 0-870-84335-8

Today's Date _____

This questionnaire is designed to measure the way you feel about your family as a whole. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number before each one as follows:

- Please begin.**

- _____

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Today's Date _____

GROUP _____

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

1. I get along very well with my peers.
2. My peers act like they don't care about me.
3. My peers treat me badly.
4. My peers really seem to respect me.
5. I don't feel like I am "part of the group".
6. My peers are a bunch of snobs.
7. My peers understand me.
8. My peers seem to like me very much.
9. I really feel "left out" of my peer group.
10. I hate my present peer group.
11. My peers seem to like having me around.
12. I really like my present peer group.
13. I really feel like I am disliked by my peers.
14. I wish I had a different peer group.
15. My peers are very nice to me.
16. My peers seem to look up to me.
17. My peers think I am important to them.
18. My peers are a real source of pleasure to me.
19. My peers don't seem to even notice me.
20. I wish I were not part of this peer group.
21. My peers regard my ideas and opinions very highly.
22. I feel like I am an important member of my peer group.
23. I can't stand to be around my peer group.
24. My peers seem to look down on me.
25. My peers really do not interest me.

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DAY CARE CHECKLIST

Day Care Assessment Instruments

1.

NAME OF CENTER _____

CHILD'S NAME _____

PERSON COMPLETING THE CHECKLIST _____

DAY CARE NUMBER _____

DATE CHECKLIST COMPLETED _____

CHILD'S DATE OF BIRTH _____

DATE CHECKLIST REVIEWED BY DIRECTOR _____

*CHILD'S HEIGHT IN INCHES _____

DIRECTOR'S SIGNATURE _____

*CHILD'S WEIGHT _____

DATE CHILD ENROLLED AT CENTER _____

*DATE OF MEASUREMENT _____

DATE CHILD DISCHARGED FROM CENTER _____

*Please be very accurate. The use of this information can aid in identifying unusual body size which may be due to disease or poor nutrition.

11. For each of the following potential problems, please circle how serious you think it is. Then, write what you plan to do to correct it.

Problems	No Prob	Mild Prob	Mod Prob	Serious Prob	Describe problem and plans for correcting it
1. Cold/routine illness	0	1	2	3	
2. Skin problem(s)	0	1	2	3	
3. Eye/ear problem(s)	0	1	2	3	
4. Respiratory problem(s)	0	1	2	3	
5. Stomach/intestinal problem(s)	0	1	2	3	
6. Other illness/disease or complaints	0	1	2	3	
7. Cuts(s)	0	1	2	3	
8. Burns(s)	0	1	2	3	
9. Broken bone(s)	0	1	2	3	
10. Other injury(ies)	0	1	2	3	
11. Lacks proper immunizations	0	1	2	3	
12. General nutrition	0	1	2	3	
13. Low energy levels	0	1	2	3	
14. Excessive hunger, possibly on Mondays and/or other days	0	1	2	3	
15. General appearance: skin	0	1	2	3	
16. General appearance: color	0	1	2	3	
17. General appearance: hair	0	1	2	3	
18. Behavior problem(s)	0	1	2	3	
19. Child cries excessively/has emotional problem	0	1	2	3	
20. Physical handicap(s)	0	1	2	3	

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11. (Continued)

Problem	No Prob	Min Prob	Mod Prob	Serious Prob	Describe problem and plans for correcting it
21. Developmental delay(s)	0	1	2	3	
22. Mental handicap(s)	0	1	2	3	
23. Parent communication problem(s)	0	1	2	3	

INFANT REFLEX CHECK (0 - 4 MONTHS)

(Please circle the appropriate answer and write your remarks)

	YES	NO	COMMENTS
Does the infant exhibit a strong handgrasp reflex?	Y	N	
Does the infant blink when pen light is shined toward eyes?	Y	N	
Does the infant react when you stimulate his/her lip or cheek?	Y	N	

If you circled "N" on any of the above, the child should be referred immediately to a physician or other appropriate specialist.

After completing this section and Section 11, if you feel the child has a hearing or visual problem, please complete the appropriate checklist in Section 11i. Information about the behaviors you have observed will be helpful to the professional who will examine the child with a suspected hearing or visual problem. Send the physician or specialist a copy of the appropriate checklist after you have discussed the referral with parent(s)/guardian.

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11. CHILD DEVELOPMENT CHECKLIST (10-18 MONTHS)

Age of Child in Months

Observations/
Plans to correct problem

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
a. PERCEPTUAL																				
1. Able to fix eyes on one spot																				
2. Turns head toward sound of rattle on both sides																				
3. Turns eyes and head toward light																				
4. Can track rattle 180°																				
5. Stops or lessens movement when paper crumpled near ear																				
6. Focuses eyes well at all distances																				
7. Able to find source of sound on same level as eyes																				
8. Responds when name is called																				
9. Locates sound source rapidly to side and below																				
10. Locates sound source rapidly to side, below and above																				
Sub-Totals	2	4	4	5	7	9	11	11	11	11	11	11	11	11	11	11	10	10	10	
b. FINE MOTOR																				
1. Swoops at object with one hand																				
2. Raises both hands to swoop at object																				
3. Can reach and crudely grasp object with one hand																				
4. Clasps hands over chest																				
5. Can transfer object from hand to hand																				
6. Grasps very small object between thumb and fingers																				
7. Brings objects together in front of chest																				
8. Can release 3 or more blocks into a bowl																				
Sub-Totals	6	6	11	14	14	15	16	17	17	17	18	18	18	18	18	18	18	18	18	

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1. CHILD DEVELOPMENT CHECKLIST (0-18 MONTHS)

Age of Child in Months

Observations/
Plans to correct problem

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
GROSS MOTOR																				
1. Lifts head momentarily																				
2. Holds head, neck erect while carried																				
3. Rolls over both ways																				
4. Sits with slight support																				
5. Sits steadily, plays with toys																				
6. Crawls on all fours																				
7. Pulls self to stand																				
8. Stands alone momentarily																				
9. Walks alone briefly																				
10. Starts, stops successfully while walking																				
11. Can throw ball overhead																				
12. Picks up toy from floor without falling over																				
13. Can walk up stairs without support, both feet on each step																				
Sub-Totals	0	1	3	4	4	4	5	7	7	7	8	9	9	9	10	10	10	10	10	10
LANGUAGE																				
1. Cries happily																				
2. Imitates own sounds when said to him/her																				
3. Responds to familiar words																				
4. Says at least 3 different syllables (pa, go, ba, etc.)																				
5. Repeats sound patterns just heard																				
6. Says first word																				
7. Says 10 words																				
8. Says 50 words																				
9. Says entirely new word first time heard																				
10. Says simple words together with related meaning																				
11. Can say 10 phrases, (eg. Give me toy)																				
Sub-Totals	0	1	1	2	2	2	3	4	4	5	5	5	6	6	6	7	8	8	8	8

CHILD DEVELOPMENT CHECKLIST (0-18 MONTHS)

Age of Child in Months

Observations/
Plans to correct problem

COGNITIVE	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1. Can find partially hidden object																				
2. Can find completely hidden object																				
3. Can pull string to get object																				
4. Places object in container upon command																				
5. Picks up toy, drops it, picks it up again																				
6. Places 1 peg in peg board repeatedly																				
7. Can find object hidden under 1 of 2 places																				
8. Builds tower placing 1 block over another																				
9. Puts all 6 pegs in a 6 peg board																				
10. Can find object hidden under 1 of 3 places																				
11. Searches for objects that go together (eg. cup/saucer, doll/doll bed)																				
12. Builds tower of 5 - 6 blocks																				
13. Places 12 blocks in box or bowl																				
14. Plays realistically with toys that go together																				
Sub-Totals	0	0	0	0	1	1	2	2	3	3	4	4	5	7	9	11	14	10	10	
SOCIAL DEVELOPMENT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1. Cries when wet or hungry																				
2. Recognizes family members																				
3. Begins to hold cup or bottle																				
4. Shows fear of strangers																				
5. Can eat finger food																				
6. Holds cup to drink (both hands)																				
7. Begins to help with dressing																				
8. Likes to feed self and use spoon																				
9. Can get things upon command																				
10. Can pick up and put away toys																				
11. Helps a lot with dressing																				
Sub-Totals	1	1	1	1	2	3	3	4	4	4	4	6	6	6	6	8	9	9	9	

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11. CHILD DEVELOPMENT CHECKLIST (10-18 MONTHS)

Age of Child in Months

Observations/
Plans to correct problem

n.	EMOTIONAL DEVELOPMENT	Age of Child in Months																		Observations/ Plans to correct problem
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.	Makes noises, gurgles	✓																		
2.	Makes sounds to entertain self	✓																		
3.	Stops crying when held		✓																	
4.	Smiles to voice		✓	✓	✓	✓	✓													
5.	Laughs, coos, happy most of the time			✓	✓	✓	✓	✓												
6.	Initiates play with others								✓	✓	✓	✓	✓							
7.	Cries when mother leaves								✓	✓	✓	✓	✓	✓						
8.	Gives attention to others													✓	✓	✓	✓	✓		
9.	Can be alone in a room for while and not cry if known adult is near													✓	✓	✓	✓	✓	✓	
10.	Constantly explores environment																		✓	✓
11.	Refers to self by name																			✓
12.	Likes to follow persons around																			✓
Sub-Totals		1	2	4	4	5	5	5	5	5	7	7	1	1	1	1	1	1	1	1
Totals		4	9	14	20	25	27	30	37	42	49	56	67	73	75	76	77	78	79	80

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11. CHILD DEVELOPMENT CHECKLIST (19-36 MONTHS)

	Prior	Age of Child in Months																		Observations/ Plans to correct problem
		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
a. PERCEPTUAL																				
1. Can see favorite toy at all distances (1-27 feet)	2																			
2. Locates sound rapidly to side and below	2																			
3. Locates sound source rapidly to side, below and above	2																			
Sub-Totals	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
b. GROSS MOTOR																				
1. Walks alone briefly	2																			
2. Starts, stops successfully while walking	2																			
3. Can throw ball overhead	2																			
4. Picks up toy from floor without falling over	2																			
5. Can walk up stairs without support, both feet on each step	2																			
6. Climbs up on furniture for some purpose without assistance	2																			
7. Can throw ball without falling	2																			
8. Can tiptoe 10 feet	2																			
9. Can walk upstairs, alternating feet	2																			
10. Can run and stop without falling	2																			
11. Can throw ball 10 feet	2																			
12. Runs around obstacles, turns corners without falling	2																			
13. Can skip on one foot	2																			
Sub-Totals	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
c. LANGUAGE																				
1. Says first word	2																			
2. Says 10 words	2																			
3. Says entirely new word first time heard	2																			
4. Says simple words together with related meaning	2																			
5. Says 50 words	2																			
6. Can say 10 phrases, (eg. Give me toy)	2																			
7. Uses ing, (eg. baby running, cat playing)	2																			
8. Says simple complete sentences (eg. I want to eat)	2																			
9. Uses plurals generally correctly	2																			
10. Says simple sentences about objects (eg. This is a big car)	2																			
11. Uses preposition "on" correctly	2																			
12. Uses possessives, (eg. mother's shoes)	2																			
Sub-Totals	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	

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III. CHILD DEVELOPMENT CHECKLIST (19-36 MONTHS)

Age of Child in Months

Observations/
Plans to correct problem

d. COGNITIVE

1. Can find object hidden under 1 of 2 places
2. Builds tower placing 1 block over another
3. Puts all 6 pegs in a 6 peg board
4. Can find object hidden under 1 of 3 places
5. Searches for objects that go together (eg. cup/saucer, doll/doll bed)
6. Builds tower of 5 - 6 blocks
7. Places 12 blocks in a box or bowl
8. Plays realistically with toys that go together
9. Places 3 toys correctly on a toy board
10. Makes tower of 7 blocks
11. Makes dolls or other toys do things on their own
12. Places 2 of 3 color forms
13. Invents people and objects
14. Makes tower of 5 play barrels, graduated in size
15. Can screw lid on jar
16. Knows difference between big and little
17. Imitates vertical and horizontal lines with pencil

Sub-Totals

e. SOCIAL DEVELOPMENT

1. Begins to help with dressing
2. Recognizes family members
3. Can get things upon command
4. Can pick up and put away toys
5. Helps a lot with dressing
6. Notes when has toilet needs
7. Can drink from cup with one hand and rarely spills
8. Largely toilet trained, though needs help
9. Dresses self, supervised
10. Can button and unbutton clothes
11. Can eat well with a spoon
12. Can work for 30 minutes on a single task
13. Prefers to play with other children

Sub-Totals

	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
14.																		
15.																		
16.																		
17.																		
Sub-Totals	4	4	6	6	6	6	9	9	9	9	9	9	10	10	10	10	12	12
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
Sub-Totals	3	3	3	3	4	4	7	7	7	7	9	9	9	9	9	9	9	13

11. CHILD DEVELOPMENT CHECKLIST (19-36 MONTHS)

	Prior	Age of Child in Months																		Observations/ Plans to correct problem
		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
1. EMOTIONAL DEVELOPMENT																				
1. Gives affection to others																				
2. Can be alone in a room for a while and not cry if known is near																				
3. Constantly explores environment																				
4. Refers to self by name																				
5. Likes to follow persons around																				
6. Initiates own play activities																				
7. Identifies self in mirror																				
8. Recognizes self in photographs																				
9. Begins to show some independence																				
10. Can understand others' needs																				
11. Begins to share toys																				
12. Begins to take turns																				
Sub-Totals		3	3	3	3	4	4	7	7	7	7	7	7	7	7	7	7	7	7	
Totals		11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	

B-9

11. CHILD DEVELOPMENT CHECKLIST (37-60 MONTHS)

Age of Child in Months

Observations/
Plans to correct problem

	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
a. PERCEPTUAL																								
1. Can see favorite toy at all distances (11-25 feet)																								
2. Locates sound source rapidly to side, below and above																								
Sub-Totals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
b. GROSS MOTOR																								
1. Can run and stop without falling																								
2. Can throw ball 10 feet																								
3. Runs around obstacles, turns corners without falling																								
4. Can skip on one foot																								
5. Can walk on walking board																								
6. Can catch ball 2' up of 5 times																								
7. Can climb ladder																								
8. Can throw ball overhand																								
9. Balances on one foot for 10 seconds																								
10. Can hop 2 - 3 yards on either foot																								
Sub-Totals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
c. LANGUAGE																								
1. Says simple sentences about objects (eg. This is a big car)																								
2. Uses preposition "on" correctly																								
3. Uses possessives, (eg. mother's shoes)																								
4. Uses noun phrase plus a preposition (eg. The toy is in the box)																								
5. Can copy some letters																								
6. Uses regular past tense verbs correctly																								
7. Uses "would" or "could" correctly																								
8. Understands taller, tallest																								
9. Knows alphabet by sight																								
10. Can write own name																								
Sub-Totals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

B-10

11. CHILD DEVELOPMENT CHECKLIST
(37-60 MONTHS)

	Prior	Age of Child in Months																								Observations/ Plans to correct problem
		37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
d. COGNITIVE																										
1. Makes tower of 7 blocks																										
2. Makes dolls or other toys do things on their own																										
3. Places 2 of 3 color forms																										
4. Invents people and objects																										
5. Makes tower of 5 play barrels, graduated in size																										
6. Can screw lid on jar																										
7. Knows difference between big and little																										
8. Imitates vertical and horizontal lines with pencil																										
9. Can count orally from 1 - 4																										
10. Can name 8 colors																										
11. Can make tower of 10 blocks																										
12. Can draw a person																										
13. Can place object in front, behind, and to the side																										
Sub-Totals		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
e. SOCIAL DEVELOPMENT																										
1. Can button and unbutton clothes																										
2. Can eat well with a spoon																										
3. Can work for 30 minutes on a single task																										
4. Prefers to play with other children																										
5. Can work zippers																										
6. Helps with household tasks																										
7. Can dress and undress self																										
8. Eats well with fork																										
9. Can lace (but not tie) shoes																										
10. Totally toilet trained																										
11. Can brush teeth																										
12. Knows birthday																										
Sub-Totals		3	3	3	4	4	4	4	4	4	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	

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11. CHILD DEVELOPMENT CHECKLIST
(37-60 MONTHS)

11. CHILD DEVELOPMENT CHECKLIST (37-60 MONTHS)		Age of Child in Months																							Observations/ Plans to correct problem		
1. EMOTIONAL DEVELOPMENT		Prior	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
1. Begins to show some independence																											
2. Can understand others' needs																											
3. Begins to share toys																											
4. Begins to take turns																											
5. Plays with imaginary companion																											
6. Shows affection for other children																											
7. Shows concern for hurt child																											
8. Shows strong sense of family and love																											
9. Can go on short errands alone																											
10. Identifies others' feelings																											
11. Beginning to get along well in small groups																											
Sub-Totals			2	2	2	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
Totals			12	12	10	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	

B-12

III. HEARING CHECKLIST

(from the School/Home Observation and Referral
System by Joyce Evans, Ph.D., 1978)

CHILD'S NAME _____

Please check each item that applies to this child. Add any descriptive information or comments that will help explain your responses.

- | | |
|---|---|
| 1
Seems to have something wrong with ears | 2
Seems to have trouble hearing or understanding |
| ☐ tugs, pulls or scratches at ears
☐ drainage or strong odor from ears
☐ excessive wax, dirt, or foreign object in ears
☐ complains of earaches or pain
☐ complains of hearing ringing or whistling sounds

_____ | ☐ does not react to sudden noises
☐ does not respond when spoken to from behind or from across the room
☐ uses gestures instead of speaking
☐ watches speaker's face very closely
☐ frequently asks for repetitions; asks "huh?" or "what?"
☐ hearing seems inconsistent; hears at one time but not another
☐ turns head to one side when listening
☐ speaks in unusually loud voice
☐ speaks in unusually soft voice
☐ speaks in monotone |

- 3
Related problems
- ☐ speaks very little or not at all
 - ☐ frequent colds, sore throats, allergies
 - ☐ dizziness, nausea, unsteadiness
 - ☐ frequently frustrated (temper, irritability) easily distracted
 - ☐ changes in behavior after absence or illness

- 4
Other observations or information

(Refer to manual for explanation of items)

VISION CHECKLIST

(from the School/Home Observation and Referral
System by Joyce Evans, Ph.D., 1978)

CHILD'S NAME _____

Please check each item that applies to this child. Add any descriptive information or comments that will help explain your responses.

- | | |
|--|---|
| 1
Seems to have something wrong with eyes | 2
Seems to have trouble seeing |
| Health problems
☐ red, swollen eyelids
☐ crusts or sores on eyelids
☐ drooping eyelids
☐ red, watery, or cloudy eyes
☐ white flakes or matter on eyelids or lashes
☐ complains of pain, burning, or itching

Nucleus problems
☐ one eye wanders (describe) _____
☐ eyes cross (describe) _____ | ☐ bumps into things; trips over objects
☐ peers intently or squints frequently
☐ leans very close to work
☐ tilts head or closes one eye
☐ views books or pictures at an angle, sideways, or upside down
☐ rubs eyes frequently, especially when doing visual tasks
☐ becomes restless after a few minutes of close work
☐ complains of inability to see clearly or of seeing double |

- 3
Related problems
- ☐ frequent colds, allergies
 - ☐ headaches, nausea, dizziness after visual tasks
 - ☐ difficulty reading (elementary grades)

- 4
Other observations or information

(Refer to manual for explanation of items)

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IV. Please place a check by those items you discussed with the parent last month. Also place a check by those items you plan to discuss with the parent or guardian next month.

Discussed Last Month		Plan to Discuss Next Month
_____	1. Specific illness child has had	_____
_____	2. Child's general health and health care	_____
_____	3. Injuries or accidents	_____
_____	4. Nutrition	_____
_____	5. Child's special talents	_____
_____	7. Areas in which child needs reinforcement	_____
_____	8. Child's adjustment to the center	_____
_____	9. Helping child get along with other children	_____
_____	10. Positive discipline with child	_____
_____	11. Games and activities parent can do at home with child	_____
_____	12. Behavior problems	_____
_____	13. Coping as a parent	_____
_____	14. Specialists to which child should be referred	_____
_____	15. Other: _____	_____

V. Number of contacts of school personnel with the parent(s) or guardian(s)

Type of Contact	Approximate Number Last Month	Approximate Number Planned for Next Month	Remarks:
1. Letters	_____	_____	
2. Phone calls	_____	_____	
3. Home visits	_____	_____	
4. Contacts at the center	_____	_____	
5. Parent group meetings	_____	_____	
6. None, tried several times	_____	_____	
7. None, did not try to contact	_____	_____	

PARENT SURVEY

Please answer these questions about Central Day Care Center and mail this form back to me in the enclosed envelope by August 15, 1984.

1. How old are your children who attend this center?

Child #1: _____

Child #3: _____

Child #2: _____

Child #4: _____

2. What time does your child usually get to the center? _____

What time does your child usually get home from the center? _____

3. Do you like the hours the center is open? _____

If not, what hours do you think it should be open? _____

4. Do you think your child enjoys going to the day care center? _____

5. Which of the following does center staff talk to you about? (check all that apply):

___ a. Activities your child does at the center

___ b. Things he/she learned to do

___ c. Your child's adjustment to the center

___ d. Behavior problems he/she has

___ e. Health problems he/she has

___ f. Games and activities you can do at home with your child

___ g. Advice on positive discipline and structure

___ h. Nutrition

6. How often do you talk with your child's teacher? (Check the one that is closest)

___ a. At least 2-3 times a week

___ b. Once or twice a month

___ c. A few times a year

___ d. Hardly ever

7. Have you ever been asked to visit the center to see what your child does there?
If so, did you go?
8. What do you think about the care your child receives at the center?
9. What suggestions do you have to improve the care at this center?
10. Any other comments you would like to make?

Thank you for completing this form.

Parenting/Homemaker Assessment

APPENDIX C

Instructions for Provider

Homemaker/Parenting
Assessment Instruments
(and Summaries of Data Collected)

Purpose

This form serves as the referral instrument to purchased service programs providing parenting or homemaker services to protective services clients. It provides a means for assessing an individual client's level of functioning at the time of referral and at closure. The form also is used by the contract agency staff as a basis of their plan of service to meet the client's needs. DHR evaluation staff will use the form to determine the impact of the provided services on clients.

Procedure

DHR worker making the referral will complete pages 1, 2 and 3 and submit them as the referral package. After receiving the referral, the provider will complete an assessment of the client's functioning based on their observations of the client over a two week period.

The provider will also complete another assessment at mid-point of service delivery and when the client withdraws or completes the program.

Number of Copies and Transmittal

Each assessment will be prepared in duplicate with the original kept in the provider file and one copy mailed to Contract Services, P. O. Box 767, Nacogdoches, TX 75961. All assessments completed should be mailed in together at the end of the month.

Detailed Instructions

Pages 1 and 2 are self-explanatory. Page 3 is completed by circling the number which best corresponds to the client's level of functioning in each of the areas of need. Client level of functioning is determined by using the appropriate scale as a guide. (Scales located in "Assessment Scales for Purchased Protective Services" directory.)

Definition of Terms:

never/rarely	- 0-10% of the time
occasionally	- 11-30% of the time
sometimes	- 31-50% of the time
frequently	- 51-70% of the time
usually	- 71-100% of the time

Parenting/Homemaker AssessmentInstructions for WorkersPurpose

This form serves as the referral instrument to purchased service programs providing parenting or homemaker services to protective services clients. It provides a means for assessing an individual client's level of functioning at the time of referral and at closure. The form also is used by the contract agency staff as a basis of their plan of service to meet the client's needs. DHR evaluation staff will use the form to determine the impact of the provided services on clients.

Procedure

The DHR worker completes pages 1, 2 and 3 when making a referral. When the caseworker determines that the service is no longer needed by the client, an additional page 3 is completed by the worker to document client's level of functioning at that point.

Number of Copies and Transmittal

The three page form is prepared in duplicate with the original mailed to the agency providing the service and one copy sent to Contract Services, P. O. Box 767, Nacogdoches, TX 75961 (mail code 244-1).

Detailed Instructions

Pages 1 and 2 are self-explanatory. Page 3 is completed by circling the number which best corresponds to the client's level of functioning in each of the areas of need. Client level of functioning is determined by using the appropriate scale as a guide. (Scales located in "Assessment Scales for Purchased Protective Services" directory.)

Definition of Terms:

never/rarely	- 0-10% of the time
occasionally	- 11-30% of the time
sometimes	- 31-50% of the time
frequently	- 51-70% of the time
usually	- 71-100% of the time

I. DEMOGRAPHIC DATA

A. Case Name _____ Telephone # _____

B. Address (Directions to home) _____

C. Marital Status

_____ Single _____ Married

D. Ethnicity

_____ Anglo _____ Hispanic _____ Other
_____ Black _____ Indo-Chinese _____

E. Individuals Residing in the home:

	NAME	DOB	Educational Level	Relationship to Case Name
1.	Primary Caretaker			
2.	Parent			
3.	Child			
4.	Child			
5.	Child			
6.	Child			
7.	Child			
8.	Other			
9.	Other			

F. Children in Conservatorship (outside the home)

Name	DOB	Location (relative, foster home, institution, etc.)

G. Parents Outside of Home

Name	DOB	Address	Name of child in Section E

H. Client Characteristics (Indicate whether primary caretaker [E.1], or other parent [E.2]; check as many as appropriate)

☐ Alcoholic/substance abuse	☐ Mental illness	☐ Other
☐ Criminal record	☐ Marital difficulties	_____
☐ Mentally retarded	☐ Physical disability/	_____
☐ Immaturity/dependence	☐ medical problems	_____
☐ Inability to cope w/stress	☐ Social isolation	_____
	☐ Socio-economic deprivation	

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II. ASSESSMENT DATA**A. Reason for Referral to DHR**

☐ Abuse
☐ Neglect
☐ Sexual Abuse

☐ Exploitation
☐ Medical Neglect
☐ Other (Please Explain) _____

B. Type of Service

☐ Priority I
☐ Priority II
☐ Priority III

C. Assessment Completed at: (please check one)

☐ Time of referral/staffing
☐ Closure of contracted services

D. Assessment Completed by: (please check one)

☐ DHR Caseworker
☐ Contract Provider

E. Date of Initial DHR Referral to Purchased Services _____
Date of Present Referral to Purchased Services _____

F. DHR Caseworker Name _____

TO BE COMPLETED BY CONTRACT PROVIDER

G. Date Referral Received at Contract Provider _____
H. Name of Assigned Contract Provider _____
I. Date of Initial Staffing _____

ASSESSMENT OF CLIENT'S NEEDS

Homemaker/Homemanagement

Client's Name _____

Client's Number _____

Instructions: Circle the number which best describes the level of the parent (primary caretaker) at the time of this assessment. Refer to scale.

Areas of Need	Level of Problem at Assessment		
	serious	moderate	minimal
I. <u>Provision of Meals</u> Meal Planning and Preparation	1	2	3
II. <u>Housekeeping Skills</u> A. Household Sanitation B. Physical Safety of Home C. Space/Privacy D. Basic Household Furnishings	1	2	3
III. <u>Personal Hygiene/Care</u> A. Cleanliness/Health Maintenance B. Clothing C. Medical/Health Care	1	2	3
IV. <u>Management</u> A. Financial B. Time	1	2	3
V. <u>Community Resources</u> Utilization	1	2	3

FORM COMPLETED BY:

NAME: _____

TITLE: _____

DATE: _____

HOMEMAKER/HOMEMANAGEMENT SCALE

Choose 1, 2, or 3 and circle on Assessment Form

I. Provision of Meals

Meal planning and preparation

Serious

1. Parent never/rarely demonstrates understanding of nutrition, food preparation, food storage, meal planning, etc. Examples:

- parent rarely/never plans or prepares meals
- usually very little or no food in home
- children usually fend for themselves for meals
- food usually not stored properly; susceptible to spoilage
- children sometimes show symptoms of food poisoning or malnutrition

Moderate

2. Parent sometimes demonstrates an understanding of nutrition, food preparation, food storage, meal planning, etc. Examples:

- sometimes prepares meals but usually "junk food"
- children sometimes left to fend for themselves
- food sometimes not stored properly
- diet high in starch, sugar, etc.

Minimal

3. Parent usually demonstrates an understanding of nutrition, food preparation, food storage, meal planning, etc. Examples:

- usually prepares meals; well-balanced meals 3-4 times/week
- children never required to fend for themselves
- food seldom wasted due to improper storage
- meals usually served at well-defined times
- children appear healthy

II. Housekeeping Skills

A. Household Sanitation

Serious

1. Parent never/rarely keeps household in sanitary condition. Examples:

- house full of garbage (food scraps, animal excrement, old newspapers, cans, bottles, etc.)
- sinks, tubs, toilet filthy
- plumbing doesn't work
- heavy rodent/insect infestation

Moderate

2. Parent sometimes keeps household in sanitary condition. Examples:

- garbage in trash cans, but may be uncovered and left in house for days
- dirty dishes piled over counter, sink, table
- floors seldom swept, rarely mopped
- plumbing repairs done, but not on timely basis
- obvious signs of rodent/insect infestation

Minimal

3. Parent usually keeps household in sanitary condition. Examples:

- garbage in closed container; taken out at least weekly; outside garbage doesn't overflow
 - floors swept and mopped regularly
 - plumbing works; repairs kept up
 - no more than 1 day's dirty dishes pile up
 - attempts made to control rodent/insect problems
-

B. Physical Safety of Home

Serious

1. Parent never/rarely demonstrates understanding of need for a safe home. Examples:

- house in need of major repairs and hazardous - exposed wiring, broken glass or windows, no screen on open windows, leaking gas and/or hot water
- child may have been seriously injured due to hazards and required medical treatment
- young children exposed to plastic bags, buttons, screws, etc.; danger of strangulation
- old refrigerator in yard where child could be trapped
- poisons, drugs, petroleum products, household cleaners in child's easy access

Moderate

2. Parent sometimes demonstrates understanding of need for a safe home. Examples:

- verbalizes understanding but does not actively attempt to keep home safe
- attempts to keep some dangerous objects from infants and toddlers, but unaware of others
- house needs major repairs of hazardous conditions

Minimal

3. Parent usually demonstrates understanding of need for a safe home. Examples:

- parent aware of unsafe conditions, attempts repairs
- safely stores dangerous substances and objects
- cautions children about potential hazards

C. Space/Privacy

Serious

1. Parent never/rarely provides housing allowing space/privacy for family and does not recognize need. Examples:

- parent and children share sleeping area
- no designated area for individual's belongings
- extreme overcrowding
- family members spend as much time as possible outside home

Moderate

2. Parent sometimes provides housing allowing space/privacy. Examples:

- verbalizes need; few attempts to remedy situation
- separate sleeping areas for children but children overcrowded in their area
- same rooms for eating, sleeping, social activities; family conflicts
- areas for some members' belongings, but not everyone's

Minimal

3. Parent usually recognizes need for space/privacy. Examples:

- tries to have housing with adequate space
- at least some personal space for each one's belongings
- parents have separate sleeping area; older male and female children in separate sleeping areas
- separate space available for eating, sleeping, social activities

D. Basic Household Furnishings

Serious

1. Parent never/rarely provides basic furnishings necessary to maintain household (stove, refrigerator, beds, heaters, etc.). Examples:

- inability to prepare meals or store food
- no heat in home
- parent seems unconcerned or does not recognize items are needed
- child's health is affected (malnourished, illness, etc.) by lack of furnishings to prepare/provide food, heat, etc.

Moderate

2. Parent provides some basic furnishings necessary to maintain household. Examples:

- may have appliances but don't operate properly
- parent sees need for more furnishings but makes no attempts to obtain
- some heater but not enough for whole house
- child health/well being may be considered inadequate sometimes (colds, minor illnesses) due to inadequate furnishings

Minimal

3. Parent usually provides basic furnishings necessary to maintain household. Examples:

- provides furnishing though on occasion they may not operate properly; parent attempts to have them repaired or replaced as soon as possible
- if parent can't furnish needed item, will obtain a substitute if possible (i.e., hot plate, portable toaster/oven instead of kitchen oven)
- child's health/well-being is usually not affected by lack of basic furnishings to provide meals and/or rest

III. Personal Hygiene/Care

A. Cleanliness/Health Maintenance

Serious

1. Parent never/rarely understands need for body cleanliness and adequate health care. Examples:

- parent never/rarely bathes nor sees that children are bathed or teeth cared for
- family members emit strong body and/or mouth odors
- children suffer from conditions or illnesses due to poor personal hygiene (lice, worms, skin rashes, etc.)
- children are not immunized
- children have numerous cavities and/or have lost teeth due to poor dental hygiene

Moderate

2. Parent sometimes demonstrates an understanding of need for body cleanliness and adequate health care. Examples:

- children are not regularly bathed or washed when dirty but are bathed at least weekly
- hair may be visibly dirty and there may be a noticeable body odor
- parents occasionally seek treatment for health but parent does not follow-up with booster shots, obtaining all immunizations
- parent occasionally seeks dental treatment for children but does not encourage child to brush teeth or take child for dental check-ups

Minimal

3. Parent usually demonstrates an understanding of the need for body cleanliness and adequate health. Examples:

- children are at least washed when dirty; hair usually looks clean and there is no noticeable body odor
- parent usually seeks dental/health care when needed and follows-up on needed treatment
- parent encourages child to brush teeth at least once a day and bathe when dirty

B. Clothing

Serious

1. Parent never/rarely provides clothing for children. Examples:

- children lack most basic clothing items (shoes, socks, underwear, etc.) and seasonal items (coats, sweaters, rainwear)
- some clothing is worn for weeks without changing
- clothing usually looks filthy
- parent makes no effort to obtain more clothing; does not recognize need for additional clothing

Moderate

2. Parent sometimes provides clothing for children. Examples:

- child has some basic clothing items but lacks most seasonal items
- clothing is often torn and needs cleaning; clothes are worn several days without changing
- clothing inappropriate for child's size
- parent recognizes need for additional clothing but makes no effort to obtain it

Minimal

3. Parent usually provides clothing for child. Examples:

- child has most basic clothing items as well as some seasonal items
- clothing may be slightly worn but attempts are made to keep it mended and clean
- clothing usually fits child's size and season
- parent recognizes need to provide appropriate clothing and utilizes available resources to obtain it

C. Provision of Medical/Health Care

Serious

1. Parent never/rarely obtains or provides for child's medical health care resulting in serious injury to the child, serious illness, or death. Example

- does not obtain medical help when child is seriously ill or injured
- does not recognize medical emergencies (child with concussion, convulsions, broken bones, deep cuts etc.)

Moderate

2. Parent sometimes obtains or provides medical/health care for child but is inconsistent as to when to contact the physician or take the child to the hospital. Examples:

- parent may over-react to minor medical problems and take child to doctor, but not consult doctor immediately for more serious problems; parent doesn't know indications of serious problems
- parent may prematurely discontinue child's medical treatment when child appears to begin improvement
- parent relies on someone else to make decision to take child to doctor
- depends on someone else to make appointments; may not keep appointment if other person doesn't make arrangement to insure child is taken

Minimal

3. Parent usually obtains or provides medical/health care for children by taking initiative in arranging for the child's care. Examples:

- obtains basic immunizations for children
 - usually follows through with child's medical treatment
 - is aware of child's behavior and detects illnesses in their early stages
 - obtains treatment for illnesses and emergencies promptly
-

IV. Management

A. Financial

Serious

1. Parent never/rarely budgets income to meet monthly expenses (housing, utilities, food, clothing, etc.). Examples:

- is consistently past due with rent; may have to move frequently
- may have to live out of automobile or with relatives because of inability to pay rent
- utilities are consistently past due and are frequently cut-off
- food supply does not last through month; frequently spends money on liquor or cigarettes when food is needed
- frequently depends upon others for total support

Moderate

2. Parent sometimes budgets income to meet monthly expenses. Examples:

- is frequently late with the rent but usually pays before being required to move
- utility payments are sometimes late and utilities may be cut off occasionally
- food supply may not last through month but parent obtains necessary food items through other resources

Minimal

3. Parent usually budgets income to meet monthly expenses. Examples:

- rent or utility payments may be past due but are usually paid within the following month
 - utilities are rarely cut off and housing is generally stable
 - budgets income to meet food needs throughout month
 - plans for unexpected financial needs by saving at least a small amount of money
-

B. Time

Serious

1. Parent never/rarely plans daily activities. Examples:

- meals are not provided
- no routine is set to insure that children have clean clothing for school
- school-age children are consistently kept from attending school
- family members rarely keep appointments
- time is never/rarely allotted for children and spouse

Moderate

2. Parent sometimes plans for daily activities. Examples:

- meals are usually provided but are not served at any specific time
- children sometimes may not have clean clothing for activities or school
- children go to school but are usually late
- family members usually keep appointments but are often late
- parent sometimes spends time each day with spouse and children

Minimal

3. Parent usually plans daily activities. Examples:

- usually prepares/serves meals daily at specific time periods
 - usually sees that children have clean clothes for activities and school
 - children are usually in school and on time
 - family members usually keep appointments and are on time for them
 - parent usually tries to spend time each day with spouse and children
-

V. Community Resources

Utilization

Serious

1. Parent never/rarely utilizes the resources (health, medical, social, financial, educational) that are available in the community. Examples:

- usually does not keep appointments scheduled by someone else (caseworker, homemaker, etc.)
- usually will not take initiative to contact agencies
- shows no interest in obtaining any of the available services

Moderate

2. Parent sometimes utilizes community resources. Examples:

- frequently relies on others to make appointments
- sometimes does not keep appointments
- is inconsistent in following through with services; often stops utilizing resources before services are completed

Minimal

3. Parent usually utilizes community resources. Examples:

- frequently takes the initiative in contacting the agency and scheduling appointments
- usually keeps appointments
- usually continues with services until completed

HOMEWORK PROGRAMS

BREAKDOWN OF SPECIFIC PROBLEMS 10/01/83 - 04/24/84

PROBLEM	% REFERRED W/PROBLEM	x % OF THOSE W/PROBLEM WHOSE PROBLEM IS MAJOR	= WEIGHTED SCORE	WEIGHTED SCORE RANK
I. Meal Plan. & Prep.			4954.9	4
Child underfed	44.4%	05%	222	31
Food for Meals	48.9	23	1124.7	16
*Food Storage	64.4	28	1803.2	8
Poor quality meals	67.4	23	1550.2	11
Infants fed wrong	19.6	13	254.8	28
II. Housekeeping			6336.6	3
Garbage	52.2	21	1096.2	19
*Dirty sinks, floors	67.4	29	1954.6	6
Plumbing	37.8	29	1096.2	19
*Insects/Rats	64.4	34	2185.6	4
III. Phys. Safety of Home			889.4	7
House hazards	29.5	8	236	30
Unsafe house litter	43.5	10	435	27
Yard hazards	26.1	0	0	33
Poisons, etc.	27.3	8	218.4	32
No mouse	13.3	0	0	33
IV. Household space			4902.4	5
Overcrowding	55.6	20	1112	17
Lack beds	55.6	24	1334.4	14
No stove	22.2	30	666	25
No refrigerator	15.9	57	906.3	22
Lack heaters	46.7	19	883.7	24
V. Personal Cleanliness			8519.1	2
*Child not bathed	63.0	28	1764	9
*Dental hygiene	69.6	28	1948.8	7
*Lice, scabies, etc.	43.5	50	2175	5
Clothes filthy	64.4	21	1352.4	13
Inapp. clothing	60.9	21	1278.9	15
VI. Medical/Health Care			4207.2	6
No med. help obtained	65.2	23	1499.6	12
Inapp. reaction emerg.	63	17	1071	21
Immunizations	28.9	15	549.1	26
Storage & Admin Med.	43.5	25	1087.5	20
VII. Mgt. of Resources			11,255.1	1
*Finances	73.3	39	2858.7	1
*Food supply	76.1	29	2206.9	2
*Time mgt.	71.1	31	2204.1	3
*School attend	45.7	38	1736.6	10
Missed appts	57.8	19	1098.2	18
Initiates contacts	53.3	17	906.1	23
Discon. services	48.9	5	244.5	29

PARENTING ASSESSMENT
Instructions for Workers

Purpose

This form serves as the referral instrument to purchased service programs providing parenting or homemaker services to protective services clients. It provides a means for assessing an individual client's level of functioning at the time of referral and at closure. The form also is used by the contract agency staff as a basis of their plan of service to meet the client's needs. DHR evaluation staff will use the form to determine the impact of the provided services on clients.

Procedure

The DHR worker completes pages 1, 2 and 3 when making a referral. When the caseworker determines that the service is no longer needed by the client, an additional page 3 is completed by the worker to document client's level of functioning at the point.

Number of Copies and Transmittal

The three page form is prepared in duplicate with the original mailed to the agency providing the service and one copy sent to Contract Services, P.O. Box 767, Nacogdoches, Texas 75961) mail code 244-1).

Detailed Instructions

Pages 1 and 2 are self-explanatory. Page 3 is completed by circling the number which best corresponds to the client's level of functioning in each of the areas of need. Client level of functioning is determined by using the appropriate scale as a guide. (scales located in "Assessment Scales for Purchased Protective Services" director.)

Definition of Terms:

never/rarely	- 0 - 10% of the time
occasionally	- 11 - 30% of the time
sometimes	- 31 - 50% of the time
frequently	- 51 - 70% of the time
usually	- 71 -100% of the time

PARENTING ASSESSMENT
Instructions for Provider

Purpose

This form serves as the referral instrument to purchased service programs providing parenting or homemaker services to protective services clients. It provides a means for assessing an individual client's level of functioning at the time of referral and at closure. The form also is used by the contract agency staff as a basis of their plan of service to meet the client's needs. DHR evaluation staff will use the form to determine the impact of the provided services on clients.

Procedure

DHR worker making the referral will complete pages 1, 2 and 3 and submit them as the referral package. After receiving the referral, the provider will complete an assessment of the client's functioning based on their observations of the client over a two week period.

The provider will also complete another assessment at mid-point of service delivery and when the client withdraws or completes the program.

Number of Copies and Transmittal

Each assessment will be prepared in duplicate with the original kept in the provider file and one copy mailed to Contract Services, P.O. Box 767, Nacogdoches, Texas 75961. All assessments completed should be mailed in together at the end of the month.

Detailed Instructions

Pages 1 and 2 are self-explanatory. Page 3 is completed by circling the number which best corresponds to the client's level of functioning in each of the areas of need. Client level of functioning is determined by using the appropriate scale as a guide. (scales located in "Assessment Scales for Purchased Protective Services" director.)

Definition of Terms:

never/rarely	-	0	-	10% of the time
occasionally	-	11	-	30% of the time
sometimes	-	31	-	50% of the time
frequently	-	51	-	70% of the time
usually	-	71	-	100% of the time

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PARENTING ASSESSMENT

CONTRACT NAME _____ CASE NAME _____
 PROVIDER NAME _____ CASE # _____
 ORDER NAME _____ ASSESSMENT PERIOD: _____
 ORDER EIN _____ Initial _____ Interim _____ Final _____
 DATE COMPLETED _____

Final Assessment, please check reason.

- | | |
|-------------------------------|----------------------------------|
| 1) Client moved | 4) Case returned to DHR due to: |
| 2) Goals reached | 4a) Client uncooperative |
| 3) Max. hours service reached | 4b) No case progress |
| | 4c) Situation worsened |
| | 4d) Failure to keep appointments |

case circle each item below.

		LEVEL OF SEVERITY			
		None	Min.	Mod.	Max.
I. Expectations of Children					
1. Child(ren) are expected to do adult chores (getting meals, caring for other children, etc.)	1) 0			2	3
2. Child(ren) are expected to behave extraordinarily well	2) 0			2	3
3. Child(ren) are allowed to do things too dangerous for their abilities	3) 0			2	3
4. Child is treated as too much of a baby (older child with bottle, etc.)	4) 0		1	2	3
5. Other _____	5) 0		1	2	3
I. Taking Care of Basic Physical Needs					
1. Child(ren) are inadequately or inappropriately fed	1) 0		1	2	3
2. Child(ren) inadequately or inappropriately clothed	2) 0		1	2	3
3. Child(ren) aren't supervised, are left alone, etc.	3) 0		1	2	3
4. The home is unsafe	4) 0		1	2	3
5. Medical help isn't sought when necessary	5) 0		1	2	3
6. Medical treatments are misunderstood, discontinued, improperly administered	6) 0		1	2	3
7. Child(ren) aren't immunized	7) 0		1	2	3
8. Child(ren) aren't protected from abuse by others	8) 0		1	2	3
9. Child(ren) aren't allowed to participate in activities encouraging physical coordination or growth	9) 0		1	2	3
10. Other _____	10) 0		1	2	3
I. Appropriate Discipline					
1. Parent punishes and disciplines infant	1) 40		1	2	3
2. Parent doesn't explain to child what's expected of him	2) 0		1	2	3
3. Emphasis is placed on punishment rather rewards	3) 0		1	2	3
4. Parent doesn't discipline at all	4) 0		1	2	3
5. Punishment is too severe, even injuring child	5) 0		1	2	3
6. Limits set are inflexible or inappropriate	6) 0		1	2	3
7. Parent doesn't help child(ren) learn self-control	7) 0		1	2	3
8. Discipline is inconsistent	8) 0		1	2	3
9. Parent uses negative statements more frequently than positive	9) 0		1	2	3
10. Other _____	10) 0		1	2	3

	LEVEL OF SEVERITY			
	None	Min.	Mod.	Maj.
IV. Encouragement of Intellectual and Emotional Growth				
1. Parent generally ignores child	1) 0	1	2	3
2. Parent doesn't show enough affection, sympathy, pride etc., toward child	2) 0	1	2	3
3. Parent takes little interest in child's school work	3) 0	1	2	3
4. Parent doesn't provide intellectual stimulation (no toys, books, exploration is limited)	4) 0	1	2	3
5. Infant is left in crib or playpen, bottle is propped, etc.	5) 0	1	2	3
6. Verbal interaction between parent and child is limited	6) 0	1	2	3
7. Child(ren) miss school frequently	7) 0	1	2	3
8. Parent belittles child frequently	8) 0	1	2	3
9. Other	9) 0	1	2	3

Please give your opinion of this client's overall functioning in each of the following areas.

	Very Good	Good	Adequate	Poor	Very Poor
I. Expectations of Children	1	2	3	4	5
I. Taking Care of Basic Physical Needs	1	2	3	4	5
I. Appropriate Discipline	1	2	3	4	5
V Encouragements of Intellectual and Emotional Needs	1	2	3	4	5

1. Does client recognize he/she has a problem in the areas listed? Yes No
2. Does client possess specific skills to remedy problem? Yes No
3. Does client lack motivation? Yes No

MARKS:

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ASSESSMENT OF CLIENT'S NEEDS

TDHR 10-2102 R 12/82

Parenting

Client's Name _____

Client's Number _____

Instructions: Circle the number which best describes the level of the parent (primary caretaker) at the time of this assessment. Refer to ~~assessment~~ scale.

Areas of Need	Level of Problem at Assessment				
	severe	serious	moderate	minor	none
I. <u>Child Development</u>					
A. Expectations of Child's Behavior	1	2	3	4	5
B. Understanding of Child's Intellectual Development	1	2	3	4	5
II. <u>Child Care</u>					
A. Provision of Basic Necessities	1	2	3	4	5
B. Provision of Medical/Health Care	1	2	3	4	5
III. <u>Appropriate Use of Discipline/Guidance</u>					
A. Use and Type of Discipline	1	2	3	4	5
B. Use of Guidance Techniques	1	2	3	4	5
IV. <u>Parent-Child Relationship</u>					
A. Understanding of Emotional Needs	1	2	3	4	5
B. Role of Parent vs Child	1	2	3	4	5

FORM COMPLETED BY:

NAME: _____

TITLE: _____

DATE: _____

PARENT PROGRAMS

BREAKDOWN OF SPECIAL PROBLEMS (10/01/83 - 04/24/84)

PROBLEM	% REFERRED WITH PROBLEM	x % OF THOSE W/PROBLEM WHOSE PROBLEM IS MAJOR	= WEIGHTED SCORE	WEIGHTED SCORE RANK
I. Expectations of Children				
Adult chores	37.3%	11%	2714.6	4
Behave too well	57.7	17	410.3	23
*Allowed to do dangerous things	50.9	26	980.9	14
Treated as baby	17.3	0	1323.4	9
			0	
II. Taking care of Physical needs			10314.9	1
*Inadequately fed	63.5	24	1524	6
Inadequately clothed	59.6	7	417.2	22
Lack of supervision	47.1	17	800.7	18
Unsafe home	39.2	25	980	15
*Med. help not sought	52.8	32	1689.6	5
Med trtmt inapp.	48	21	1008	14
Immunizations	39.6	26	1029.6	13
*Abuse by others	54.2	35	1897	2
Activities limited	34.6	28	968.8	16
III. Appropriate Discipline			9432	2
Infant Discipline	17.6	44	774.4	20
*Expectations not Expl.	65.4	21	1373.4	8
*Emphasis on punishment	63.5	24	1524	6
No discipline	38.5	15	577.5	21
*Punishment too severe	42.3	41	1734.3	3
Inflex. Limits	63.5	15	952.5	17
No self-control	71.2	11	783.2	
Inconsistent Disc.	72.2	23		
*Overuse neg. statements	51.9	33	1712.7	4
IV. Encouragement of Intellectual and Emotional Growth			9117.2	3
Child ignored	62.3	18	1121.4	12
Lack of Affection	60.4	19	1147.6	11
No interest in school	38.5	15	577.5	21
*No intellectual stim.	68.5	22	1507	7
*Infant stays in crib	37.7	35	1319.5	10
*Limited verbal interaction	75.5	33	2491.5	1
School attendance	25.9	29	751.1	19
Child belittled	28.8	7	201.6	23

APPENDIX D

Counseling Scales

Psychological and Social Adjustment Scale for Adults

Purpose: The purpose of this scale is to aid in describing the impact that therapy has on a client's overall parenting performance. It also indicates specific problems and their level of severity at the time of referral and at termination of therapy.

Instructions

Please circle the appropriate number to rate each problem. Ratings should be based on your own experience and knowledge of the client as you view their situation at the time you complete the scale.

Caseworkers: Rate the severity of problems 1 - 30, even though the problem may have no bearing on the client's parenting behaviors at the time.

Initial: Complete scale at time of referral and mail one copy to therapist (with 2034 and any other required information.) Mail one copy of scale only to Contract Services, P. O. Box 767, Nacogdoches, Texas 75963-0767.

Interim: If client is still in therapy after six months, complete another scale and send it to Contract Services. (This should be done every six months.)

Final: When therapy is terminated, complete the scale, rating each problem at the time the client has ended counseling. Again, base your judgments on your understanding of the client's situation at this time. Send the scale to Contract Services.

Therapists: Instructions same as for caseworkers, except complete initial assessment after first visit or after second visit, if you do not have enough information after first visit. Then continue to complete interim and final assessments. Mail scale to Contract Services, P. O. Box 767, Nacogdoches, Texas 75963-0767.

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Contract Name: _____ Client Name: _____
Therapist Name: _____ Client Number: _____
DNR Worker Name: _____ EIN: _____ Case Name: _____
Date Completed: _____ Case Number: _____
Assessment Period: Initial _____ Interim: (every 6 mo.) _____ Final _____
6 mo. _____ Length of time in
12 mo. _____ therapy _____
More than 12 mo. _____

Number of sessions completed to date _____
 Number of sessions missed to date _____
 Client is being seen (check all appropriate):

- 1) Individually
2) With Spouse
3) As a family (2 or more people composed of at least 1 child and 1 parent/caretaker)

_____ 1) Client moved _____ 5) Failure to keep appointments
_____ 2) Goals reached _____ 6) Inappropriate referral
_____ 3) Client uncooperative _____ 7) DNR case closed
_____ 4) No case progress _____ 8) Other _____

PROBLEM AREA	UNK	0	1	2	3
1. Physical Concerns/Concern over present physical health - regardless of whether complaints are real or not; concern may interfere with day-to-day activities and functioning.	UNK	0	1	2	3
2. Anxiety, Tension/Worry, fear, over-concern about the present or future, nervous behavior.	UNK	0	1	2	3
3. Thinking, Memory/Thought processes are confused, disconnected or disorganized, noticeable memory impairments	UNK	0	1	2	3

PRBLEM AREA	Unknown/Not Assessed				
	UNK	No Problem 0	Mild Problem 1	Moderate Problem 2	Severe Problem 3
1. Guilt/Over-concern or remorse for past behavior.	UNK	0	1	2	3
5. Depression/Dependence on mood, sadness, reduced physical activity.	UNK	0	1	2	3
6. Physical Activity/Unusual or unnatural physical behavior, which may include peculiar mannerisms, heightened activity, and/or agitation.	UNK	0	1	2	3
7. Thought Content/Unusual, odd, strange or bizarre thought content, which may include suicide or self-mutilation.	UNK	0	1	2	3
8. Grandiosity/Exaggerated self-opinion, delusion of power, status or knowledge.	UNK	0	1	2	3
9. Impulse Control/Lacking self-discipline, responds to situations by exceeding limits of expected behavior.	UNK	0	1	2	3
10. Sexual Problems/Engages in sexual activities inappropriate to self or others, may feel unhappy with sexual functioning.	UNK	0	1	2	3
11. Sexual Abuse of Child(ren)/Verbally or physically uses child (under 18) for own sexual gratification or stimulation.	UNK	0	1	2	3
12. Social Isolation/Lacks friends, uncomfortable around people, avoids or feels rejected by others.	UNK	0	1	2	3
13. Mental Retardation/Slow, limited mental ability.	UNK	0	1	2	3
14. Hostility/Animosity, contempt or disdain for others.	UNK	0	1	2	3
15. Negativism, Obstinacy/Uncooperative with interviewer resistant, unfriendly.	UNK	0	1	2	3
16. Suspiciousness, Persecution or Hallucinations/Distrustful, feelings of being taken advantage of, which may include hearing or seeing things that do not exist.	UNK	0	1	2	3

PROBLEM AREA	Unknown/Not Assessed UNK	No Problem 0	Mild Problem 1	Moderate Problem 2	Severe Problem 3
17. Denial of Problems/Client denies problems despite clear evidence that these conditions exist.	UNK	0	1	2	3
18. Antisocial or Illegal Acts/Lying, stealing, "cons" others, involvement in unlawful or delinquent acts, threatening or assaultive behavior.	UNK	0	1	2	3
19. Alcohol Abuse/Extent to which alcohol is used excessively, alters normal behavior, or interferes with performance.	UNK	0	1	2	3
20. Drug Abuse/Excessive self-medication or habitual use of narcotics, barbiturates, stimulants or mind-altering substances.	UNK	0	1	2	3
21. Poor Self Concept/Lacks confidence in own ability; non-assertive; complies too readily; defers to others; indecisive.	UNK	0	1	2	3
SOCIAL FUNCTIONING (positively worded)					
22. Financial Management/Handles personal finances in an adequate and responsible manner.	UNK	0	1	2	3
23. Independence, Self-Care/Functions independently, personally handles basic needs, includes normal grooming, hygiene and proper nutrition.	UNK	0	1	2	3
24. Physical Environment/Handles household responsibilities, contributes to a clean comfortable living environment.	UNK	0	1	2	3
25. Vocational/Works, attends school or performs home-making duties in line with one's skills, abilities, and expectations of self and family.	UNK	0	1	2	3
26. Immediate Family/Immediate family relationships are reciprocally satisfying, individual roles are understood and valued. Power is appropriately used.	UNK	0	1	2	3

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		Unknown/Not Assessed	No Problem	Mild Problem	Moderate Problem	Severe Problem
SOCIAL FUNCTIONING (positively worded)		UNK	0	1	2	3
27.	Extended Family/Retains positive relationships with close relatives outside the home.	UNK	0	1	2	3
28.	Friendships/Maintains positive relationships with close friends, neighbors and acquaintances over time.	UNK	0	1	2	3
29.	Communication/Expresses self clearly, listens and participates constructively in conversations with others.	UNK	0	1	2	3
30.	Leisure Activity/Interest in hobbies, home or neighborhood activities, reading, TV viewing, sports and other forms of recreation.	UNK	0	1	2	3
31.	Overall Parenting/Please circle this client's overall parenting performance.					
	Unknown/Not Assessed	Very Poor	Poor	Marginal	Acceptable	Good
	UNK	1	2	3	4	5

Primary Problem

Which item best indicates why this person should receive psychological services? (Choose only one number or "NA" if client no longer needs psychological services at this time.) # _____

Secondary Problem

Which other item is the next best indicator of why this person should receive psychological services? (Choose only one number or "NA" if client no longer needs psychological services at this time.) # _____

Remarks:

Signature: _____

Psychological and Social Adjustment
Scale for Children and Adolescents

Purpose: The purpose of this scale is to aid in describing the impact that therapy has on certain behaviors of protective services children referred.

Instructions

Please circle the appropriate number to rate each problem. Ratings should be based on your own experience and knowledge of the child as you view their situation at the time you complete the scale.

Caseworkers: Rate the severity of problem 1 - 23.

Initial: Complete scale at time of referral and mail one copy to therapist (with 2054 and any other required information.) Mail one copy of scale only to Contract Services, P. O. Box 767, Nacogdoches, Texas 75963-0767.

Interim: If child is still in therapy after six months, complete another scale and send it to Contract Services. (This should be done every six months.)

Final: When therapy is terminated, complete the scale, rating each problem at the time the child has ended counseling. Again, base your judgments on your understanding of the child's situation at this time. Send the scale to Contract Services.

Therapists: Instructions same as for caseworkers, except complete initial assessment after first visit or after second visit, if you do not have enough information after first visit. Then continue to complete interim and final assessments. Mail scale to Contract Services, P. O. Box 767, Nacogdoches, Texas 75963-0767.

Psychological and Social Adjustment Scale for Children & Adolescents

Contract Name: _____ Client Name: _____
 Therapist Name: _____ Client Number: _____
 Worker Name: _____ EIN: _____ Case Name: _____
 Date Completed: _____ Case Number: _____
 Assessment Period: _____ Initial _____ Interim _____ Final _____

To be filled in by therapist only.

Number of sessions completed to date _____

Number of sessions missed to date _____

Client is being seen (check all appropriate).

- _____ 1) Individually
 _____ 2) As a family (2 or more people
 composed of at least 1 child
 and 1 parent/caretaker)

If Final Assessment, please check reason for termination of services:

- _____ 1) Client moved
 _____ 2) Goals reached
 _____ 3) Client unco-operative
 _____ 4) No case progress
 _____ 5) Failure to keep appointments
 _____ 6) Inappropriate referral
 _____ 7) DHR case closed
 _____ 8) Other _____

PROBLEM AREA	Unknown/Not Assessed	No Problem	Mild Problem	Moderate Problem	Severe Problem
1. Overactive (restless, impulsive, "always on the go")	UNK	0	1	2	3
2. Short attention span, distractible	UNK	0	1	2	3
3. Unusually tense or anxious	UNK	0	1	2	3
4. Self-conscious, easily embarrassed or intimidated	UNK	0	1	2	3
5. Lack of emotional expression (holds in feelings)	UNK	0	1	2	3

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PROBLEM AREA	Unknown/Not Assessed	No Problem	Mild Problem	Moderate Problem	Severe Problem
6. Immature behavior	UNK	0	1	2	3
7. Difficulty in school	UNK	0	1	2	3
8. Unable to make or keep friends	UNK	0	1	2	3
9. Social withdrawal, self-absorbed	UNK	0	1	2	3
10. Lack of self-confidence or self-esteem, feelings of inferiority	UNK	0	1	2	3
11. Easily flustered or confused	UNK	0	1	2	3
12. Passive, lazy or lethargic	UNK	0	1	2	3
13. Masturbation, sex play with others	UNK	0	1	2	3
14. Problems related to sexual abuse	UNK	0	1	2	3
15. Disobedient, difficulty in disciplinary control	UNK	0	1	2	3
16. Depression, chronic sadness	UNK	0	1	2	3
17. Lies, denies wrong-doing, blames others	UNK	0	1	2	3
18. Irritability, temper tantrums, easily aroused to anger	UNK	0	1	2	3
19. Abuse of alcohol or drugs	UNK	0	1	2	3
20. Involvement with the law	UNK	0	1	2	3
21. Frequent physical complaints; e.g., headaches, stomach aches	UNK	0	1	2	3
22. Difficulty with peers (fighting, jealousy)	UNK	0	1	2	3
23. Other _____	UNK	0	1	2	3

Primary Problem

Which item best indicates why this person should receive psychological services?
(Choose only one number or "NA" if client no longer needs psychological services
at this time.) # _____

Secondary Problem

Which other item is the next best indicator of why this person should receive
psychological services? (Choose only one number or "NA" if client no longer
needs psychological services at this time.) # _____

Informants:

In addition to your own observations of the client, did you rely on information
supplied by other informants before completing this checklist? (Check all that
apply.)

_____ No
_____ Yes, the parent(s)/guardian
_____ Yes, school personnel
_____ Yes, foster parents
_____ Yes, other: _____

Remarks:

Client Name: _____
 Client Number: _____
 Date: _____

Client Satisfaction Survey

Recently you were seeing _____ who was recommended by your DHR caseworker. It is important to us how you now feel about the counseling so we can improve our services.

Your answers will remain strictly confidential and will in no way affect the services you receive through the Department of Human Resources.

Circle One Answer For Each Item

	Don't Know	Yes Definitely	Some- what	Not at All
1. Do you think your counselor was interested in helping you?	0	1	2	3
2. Do you think your counselor understood your concerns?	0	1	2	3
3. Did seeing a counselor help you with any of your problems?	0	1	2	3
4. Were you satisfied with the help you received?	0	1	2	3
5. Do you think your counselor knew what he was doing?	0	1	2	3
6. Do you think seeing a counselor helped you to be a better parent?	0	1	2	3
7. When you were first referred, were you interested in seeing a counselor?	0	1	2	3
8. Was it clear to you why your caseworker asked you to see a counselor?	0	1	2	3
9. Was transportation to the counselor a problem for you?	0	1	2	3
10. How often did you see the counselor? Number of times _____.				
Not enough times		Just the right number of times		Too many times
11. Had you ever been in counseling before?				
Yes		No		
12. Would you be interested in receiving counseling again sometime if you felt you needed it?				
Yes - from the same counselor				
Yes - but from a different counselor				
No				

Please make any comments that you think would describe why counseling was or was not a good experience for you: